

Please print or type.

Name of COA: \_\_\_\_\_ Tel. # (\_\_\_\_) \_\_\_\_\_

FAX # (\_\_\_\_) \_\_\_\_\_

MAIL Address: \_\_\_\_\_

(ZIP)

STREET Address: \_\_\_\_\_

E-MAIL

Current Chair: \_\_\_\_\_

Current Director/Coordinator: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

### I. Staffing / Other Support

A. Total number of volunteers xxxxxxxxxxxxxxxxxxxxxxxx # \_\_\_\_\_ (List In-Kind at "E", below)

B. # Paid Staff # Volunteers

20 hours/week or more \_\_\_\_\_

5 hrs./wk. up to 19.5 hrs/wk. \_\_\_\_\_

1 hour/wk. up to 5 hours/wk. \_\_\_\_\_

10 hrs./year to 50 hours/year \_\_\_\_\_

Less than ten hours per year xxxxxxxxxxxxxxxxxxxxxxxx \_\_\_\_\_

Senior Aides are paid staff.

B1. # \_\_\_\_\_

Estimated Property Tax  
Work-Off hours at COA.

C. Total volunteer hours in FY 2006 xxxxxxxxxxxxxxxxxxxxxxxx # \_\_\_\_\_ à Do not include in B1. (above)

C1. Hours of volunteer coordination/week: # \_\_\_\_\_ Please note, as appropriate...

C2. The volunteer coordination position is paid ☐ shared ☐ (with? \_\_\_\_\_), unpaid ☐

C3. The COA has a "Volunteer Manual" available for distribution to volunteers? (Y) ☐ (N) ☐

D. In-Kind (do not include volunteers, above) \$ \_\_\_\_\_ à See definitions, page 4.

### II. Non-Local Funding Totals, FY2006

Formula Grant: \$ \_\_\_\_\_ ; Service Incentive \$ \_\_\_\_\_ ; Other \$ \_\_\_\_\_

Note source/s of Other: SHINE, AAA, Regional Trans. Auth., Friends of COA, CDBG,  
program income, etc. \_\_\_\_\_

### III. Municipal Appropriation FY 2007

Local appropriation to COA: \$ \_\_\_\_\_ (salary/operations).

### IV. Elder Service Counts

(See page 3, section VIIA.)

A. Unduplicated Elders\* Served: # \_\_\_\_\_ ( ) actual ( ) estimated [No penalty for ests.]

B. Of the Unduplicated Elders in IVA., note number of WOMEN: \_\_\_\_\_; MEN \_\_\_\_\_

C. Of the Unduplicated Elders in IVA., indicate percentage of:

\_\_\_\_ % Women \_\_\_\_\_ % Nursing Home

\_\_\_\_ % Men \_\_\_\_\_ % Disabled

\_\_\_\_ % Minority \_\_\_\_\_ % 75 or over

\* (alphabetized roster of  
all individuals served:  
see instructions)

V. Non-Elders Served: \_\_\_\_\_ (from page 3, section VIII)



Name of Council: \_\_\_\_\_

VI. Programs, Services & Activities	Conducted by COA	Units of Service ("Duplicated") 1 July 05 - 30 June 06		Elders ("UnDuplicated") 1 July 05 - 30 June 06		<A> Use an "A" to note Actual #'s only. NO penalty for "Best Estimates."
		<A> Actual		<A> Actual		
N O T E S						
OUTREACH/ADVOCACY						
a. General information services	_____	< >	_____	< >	_____	<u>UnDuplicated count will be an estimate.</u>
b. Case management/advocacy	_____	< >	_____	< >	_____	_____
c. Health benefits counseling (SHINE)	_____	< >	_____	< >	_____	_____
d. Client finding .....	_____	< >	_____	< >	_____	<u>("new" contacts)</u>
e. _____	_____	< >	_____	< >	_____	_____
f. _____	_____	< >	_____	< >	_____	_____
PROFESSIONAL SERVICES						
g. Group support .....	_____*	< >	_____	< >	_____	<u>(# of sessions: _____) *type?</u>
h. Legal assistance .....	_____	< >	_____	< >	_____	_____
i. Financial Management .....	_____*	< >	_____	< >	_____	<u>*type?</u>
j. Mental Health	_____	< >	_____	< >	_____	_____
k. _____	_____	< >	_____	< >	_____	_____
l. _____	_____	< >	_____	< >	_____	_____
SUPPORT SERVICES						
m. Food shopping assistance ....	_____	< >	_____	< >	_____	_____
n. Social (supportive) day care ....	_____	< >	_____	< >	_____	<u>(# of days/week: _____)</u>
o. Friendly Visiting .....	_____	< >	_____	< >	_____	_____
p. Telephone Reassurance.....	_____	< >	_____	< >	_____	<u>(include "Are You OK?" /RUOK)</u>
q. Durable medical equipment loan	_____	< >	_____	< >	_____	<u>Elder Affairs notes potential liability issues.</u>
r. Employment services .....	_____	< >	_____	< >	_____	_____
s. Intergenerational .....	_____	< >	_____	< >	_____	<u>note chore, other:</u>
t. Transportation (TOTAL)	_____	< >	_____	< >	_____	_____
ambulatory .....	_____	< >	_____	< >	_____	_____
non-ambulatory .....	_____	< >	_____	< >	_____	_____
u. Minor Home Repair .....	_____	< >	_____	< >	_____	_____
v. Newsletter .....	_____	< >	_____	< >	xxxxxxx	<u>( ) monthly; ( ) quarterly; ( ) other</u>
w. _____	_____ < >		< >		_____	_____
x. _____	_____	< >	_____	< >	_____	_____

ANNUAL REPORT FORM EOE-AGA  
FY 2006 (p. 3 of 4)

Name of Council: \_\_\_\_\_

	Conducted by COA	("Duplicated") 1 July 05 – 30 June 06 < A > Actual	("UnDuplicated") 1 July 05 – 30 June 06 < A > Actual	
WELLNESS				
y. Health screening .....	___	< > _____	< > _____	(# of sessions: _____)
z. Other health services.....	___	< > _____	< > _____	_____
aa. Fitness/exercise .....	___ < > _____	< > _____	< > _____	_____
bb. Congregate meals .....	___	< > _____	< > _____	_____
cc. Home Delivered Meals .....	___ < > _____	< > _____	< > _____	_____
dd. Health education .....	___	< > _____	< > _____	(# of sessions: _____)
ee. _____	___	< > _____	< > _____	_____
ff. _____	___	< > _____	< > _____	_____
OTHER				
gg. Recreation/Socialization.....	___ < > _____	xxxxx _____	xxxxxxxxx _____	(# of sessions: _____)
hh. Cultural events .....	___	< > _____	< > _____	(# of events: _____)
ii. Community Education .....	___	< > _____	< > _____	_____
jj. _____	___	< > _____	< > _____	_____
kk. _____	___	< > _____	< > _____	_____
ll. _____	___	< > _____	< > _____	_____

VII. A. Determine Unduplicated Elders Served: \_\_\_\_\_ < > (Do NOT sum!) -- see instructions.

(Also record on page 1  
section IV. A)

B. Latest ESTIMATE of 60(+) Population: # \_\_\_\_\_  
(source of this count) \_\_\_\_\_

VIII. Service to NON-ELDERS

Units of Service  
"duplicated"

Non-Elders  
"unduplicated"

NE1 General information.....	___	< > _____	< > _____	(Exclude "a." above) _____
NE2 Transportation (under 60)....	___	< > _____	< > _____	(Exclude "t" above) _____
NE3 Family assistance.....	___	< > _____	< > _____	_____
_____	___	< > _____	< > _____	_____
_____	___	< > _____	< > _____	_____
_____	___	< > _____	< > _____	_____

Determine Non-Elders Served: \_\_\_\_\_ < > \_\_\_\_\_ (Do NOT sum!) -- see instructions.

(Also record on page 1  
section V)



IX. Summarize the COA's activities last year...highlights, accomplishments, notable issues, new programs, milestones. You may also note what did *not* happen as expected/hoped. (You may also attach the annual report to your municipality.)

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## X. In-Kind

In-kind represents tangible goods or services generally considered essential for the COA's operations, but not paid for out of its budget. Such services are not supervised by the COA, there is no CORI check or written job description, and the COA typically does not provide orientation, screening, periodic reviews and/or formal recognition.

Typical examples of in-kind follow; kindly (X) or indicate value in appropriate categories. Estimated In-Kind includes below items as well as from the optional Volunteer/In-Kind Resource Sheet/s.

(        ) Rent/Space (gross sq. ft.: _____ )	(        ) Speakers/Presenters
(        ) Transportation	(        ) Entertainers/entertainment
(        ) Utilities	(        ) Furniture/Equipment
(        ) Van, Garaging & Service	(        ) Supplies—program/office
(        ) Custodial/Maintenance	(        ) Renovations
(        ) Plowing/Outside Maintenance	(        ) Cable TV service
(        ) Durable Medical Equipment	(        ) Luncheons/food
(        ) Recognition Event(s)	(        ) Books/Videos/Magazines
(        ) Donated goods	(        ) Subscriptions
(        )	(        ) Intergenerational programs

A. \_\_\_\_\_ Estimated Total In-Kind. Please transfer to page 1, item ID. Thank you.

Grant funded positions such as Senior Aides, Green Thumb workers and meal site aides (Elder Nutrition Program only!) may be included under in-kind. This list is not exhaustive.

## VOLUNTEER RESOURCE SHEET

-- OPTIONAL --

FOR THE YEAR ENDING 30 JUNE 2006

NAME OF COUNCIL: \_\_\_\_\_

How Many Hourly in This Category?	TITLE/s represent some COA volunteer positions. Add/change title/s, as appropriate.	TOTAL HOURS	Estimated Pay Equivalent (Likely exceeds minimum wage.)
_____	<u>Board President/Officers</u>	_____	\$
_____	<u>Board Members</u>	_____	\$
_____	<u>Board Liaison w/ AAA-ASAP-Friends...</u>	_____	\$
_____	<u>Newsletter Committee</u>	_____	\$
_____	<u>Newsletter Editor</u>	_____	\$
_____	<u>Newsletter Coordinator</u>	_____	\$
_____	<u>Drivers - Home Delivered Meals</u>	_____	\$
_____	<u>Drivers – Passengers</u>	_____	\$
_____	<u>Instructor : Computer</u>	_____	\$
_____	<u>Instructor :</u>	_____	\$
_____	<u>Instructor :</u>	_____	\$
_____	<u>Instructor :</u>	_____	\$
_____	<u>Counselors / SHINE</u>	_____	\$
_____	<u>Counselors / Support Group</u>	_____	\$
_____	<u>Administrative Support: Receptionist</u>	_____	\$
_____	<u>Administrative Support:</u>	_____	\$
_____	<u>Administrative Support:</u>	_____	\$
_____	<u>Tax Assistance</u>	_____	\$

# \_\_\_\_\_  
 à SUM ... of this page...and succeeding page/s, if applicable... SUM

# \_\_\_\_\_ Volunteers recruited by COA for other municipal departments/agencies. (No COA timesheet, no credit given above).

# \_\_\_\_\_ Volunteers for whom the COA is an RSVP contractor. (Volunteers not to be listed above)

Tax Work-Off volunteers are in-kind. Their service hours to the COA, if any, may be noted at page 1 of EOEA-SGA in section B1. See in-kind notes in section X of EOEA-SGA and below.





NAME OF COUNCIL: \_\_\_\_\_

How Many Hourly in This Pay Equivalent Category?	TITLE/s represent some COA volunteer positions. Add/change title/s, as appropriate.	TOTAL	Estimated HOURS
_____	<u>Kitchen Help</u>	_____	\$
_____	<u>Meal Site Staff</u>	_____	\$
_____	<u>Friendly Visitor</u>	_____	\$
_____	<u>(Medical) Escort / Companionship</u>	_____	\$
_____	<u>Shopping Assistant</u>	_____	\$
_____	<u>Fix It / Repair Program</u>	_____	\$
_____	<u>Bill Payer</u>	_____	\$
_____	<u>Photographer/Videographer</u>	_____	\$
_____	<u>Health Fair Worker</u>	_____	\$
_____	<u>Nurse</u>	_____	\$
_____	<u>Nurse Assistant</u>	_____	\$
_____	<u>Coordinator : Trip</u>	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$
_____	_____	_____	\$

# \_\_\_\_\_

&lt;--- Sum of this page ---&gt;

# \_\_\_\_\_

(Feel free to make additional copies of this sheet.)

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In-Kind does not include "Friends of COA" (unless they are also volunteering directly for the COA). Volunteer arts/crafts instructors may be considered volunteers; the hours of those who do the actual "hand-crafting" should be considered in-kind.



## Instructions for the Annual Report Form EOE-AGA

### (Section I) Valuing Volunteer Services

Volunteers perform services of their own free will: they are unpaid staff working on behalf of the COA.

Volunteers work under the supervision/guidance of the COA director (or volunteer/activities coordinator), or, where staff does not exist, the COA chair. Volunteers may be students, Foster Grandparents, County Extension, RSVP, Job Corps, VISTA, (vocational) schools, prisoners and other personnel including SHINE workers. An individual may receive payment for *out-of-pocket* expenses and still be considered a volunteer.

Workers such as Senior Aides, Green Thumb, NCSC, Urban League are In-Kind; their service is recorded on page 1 of EOE-AGA (at item I.D). The only exception to this rule would be when a Senior Aide, for instance, also gives the COA time apart from his or her paid duties. You can (and should!) include volunteer hours of COA staff (including the director) who give time beyond paid hours of employment.

You would typically NOT include the value of "Friends of the COA" hours of service, unless those individuals volunteered directly for the COA itself.

Property Tax Work-Off *hours at/for the COA* should be identified at "I.B1."; their dollar value may/should be included under In-Kind (at I.D.) as well.

Elder Affairs strongly encourages the development and use of written job descriptions (with minimum qualifications) for all volunteers. The COA should screen volunteers (including completing CORI checks) and provide orientation of volunteers providing direct ("unsupervised") service to elder.

The *optional* Volunteer Resource Sheet allows COA to cite the estimated hourly values of its volunteer services; some suggested rates of pay are available from Elder Affairs. Please note that the state minimum wage is \$6.75 per hour; this rate does not include any fringe benefits. The Points of Light Foundation (2002) suggested a national rate of \$15.39/hour for all volunteers (including professional services). You are not required to indicate any dollar values, but use the form to indicate the types of volunteers you have and (total) hours of service. Thank you.

Please do not include the hours of service provided by the "Friends of ... COA" and others identified as fund raisers unless they also work-volunteer directly for the COA. Elder Affairs typically views hand-crafting and play performance related hours as in-kind. Do not include the hours/value of RSVP workers (if you are a contractor for RSVP) *unless* those volunteers are working directly for the COA.

### (Section II: self-explanatory)

(Section III) Note whether your revolving fund/s (Chapter 44, section 53E ½) is included in the local appropriation to the COA and, if so, how much is in that fund/s.

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(Section IV. A., Section VII, Section VIII. Unduplicated Elders Served)

Do NOT sum the figures in this column: the "ELDERS" (unduplicated) count does not equal the sum of individual program totals. For each program consult original attendance records to create a "master" alphabetic roster or database. Cross-reference each name only once--regardless of the number or type of service/s or activity/ies, or how often they participated--and you will determine how many "unduplicated" elders were served.

The total unduplicated count will likely not exceed the number of elders in the community (possible exceptions include towns with a large "summer population," or where many participants from other communities were served). Each (municipal) member of a COA consortium should provide figures for its own clients, wherever possible.

(Section IV. C. Minority)

Black/Afro-American      Persons originating in the Black racial groups of Africa.

Hispanic                  Persons of Mexican, Puerto Rican, Cuban, Central or So. American culture or origin.

Asia/Pacific  
Islander                  Persons having origins in any of the peoples of the Pacific Far East, Southeast Asia or the Indian subcontinent.

Native  
American                  Those persons having origins in any of the original peoples of America, and who maintain cultural identification through tribal affiliations or community recognition.

Nursing Home      A resident of a long term care facility.

Disabled                  A physical and/or mental impairment which affects a major life function, e.g., breathing, eating, walking, hearing, seeing or other.

(Section V. Non-Elders, lines NE1 – NE6)

Please note services provided by the Council to those under sixty years of age.

- NE1 General Information      Most calls of a general assistance nature, e.g., information regarding the day's events and activities, or referrals to other services where follow-up is not indicated. (1 CALL/CONTACT)
- NE2 Transportation (Under 60)      Not included in the total at line "t", section VI.

- NE3 Family Assistance Information and referral, counseling, or other direct assistance to non-elder family members regarding an elder's care and/or well-being.

You may cite other services (e.g., pre-retirement training) in the space provided.

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## (Section VI. Programs, Services and Policies: Notes)

Conducted by COA (Column "COA") Place an (x) in this column for each program, service or activity conducted by the COA during the fiscal year ending June 30th. You may leave this space blank if the programs, services or activities were conducted by a provider on behalf of the COA.

<A> Place an <A> in the "< >" space preceding any number which is an actual count (as opposed to best estimate) of units of service or elders served. There is no penalty for "best estimates."

Units of Service The "Duplicated" count is the total number of individual units of service (e.g., contacts, hours, visits, rides, meals, classes, shots, etc.) provided directly under a COA program. Each contact -- as further defined below -- equals one "service unit."

Elders The "UnDuplicated" count represents the number of "different persons age sixty or over" served in each program, service or activity. Each person is recorded (once), alphabetically, under each program in which s/he participates.

The key figure of "UnDuplicated Elders Served" (section VII) is obtained only from an alphabetized list or roster of *all* participating elders (all programs combined) to ensure that each name is counted only once--regardless of how many times or in which programs he/she participated.

a. General Info Services Calls of a general assistance nature, e.g., information regarding events and activities, or referrals to other services where follow-up is not indicated. (1 CALL/ CONTACT) Unduplicated count is difficult to obtain and not expected.

b. Case management/advocacy Ongoing management of, or advocacy for, client services. Must include a standardized "intake" (and reassessment -- as needed), monitoring and evaluation. Typically follows referral to your Aging Services Access Point. COAs are encouraged to develop/use a release of information form for tracking referrals made to Aging Services Access Points (ASAP's). (1 CONTACT)

c. Health Benefits Counseling Service under the Serving Health Information Needs of Elders (SHINE) program, or other activities designed to assist seniors with information on health insurance related issues. May include filing of claims, appeals and completion of forms. (1 CONTACT)

d. Client Finding Initial efforts made to establish contact with individual elders and introduce existing services and benefits. May be "cold calls" or, preferably, conducted in coordination with agencies, organizations or individuals with frequent contact with seniors. Does not include other support *once the need for/awareness of services has been established*. (1 CALL/CONTACT) The counts for client finding (a/k/a "outreach") do not include casual contacts made at COA events (e.g., blood pressure screening or flu shots) unless/until subsequent (formal) follow-up takes place.

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g. Group support Alzheimer's, widowed-widowed, AA/NA, depression, deaf seniors, stroke recovery, mens and/or or other support groups. (1 CONTACT) Please use notes column for # and types of sessions. Please note if you have conducted any "Caring for Elders at Home" program/s.

h. Legal Assistance Assistance with obtaining legal advice or support and/or direct services. May include individual advocacy and assistance with forms.

i. Financial Management Assistance with bill paying, money management or other. (1 CONTACT)

j. Mental Health Direct contact with an elder to help relieve symptoms of depression, anxiety, confusion, dementia or other circumstances. (1 CONTACT: usually from 20 minutes to 1 hour)

m. Food shopping assistance Personal assistance with grocery shopping for seniors unable to perform this activity on their own. (Not just van driving to/from store.) (1 TRIP/DELIVERY)

n. Social/Supportive Day Care Structured day service program for frail elders. (1 DAY or QUALIFYING PORTION)

o. Friendly Visiting Home visiting/social call may include companionship, letter writing, assistance with meals preparation, playing a game or similar activities. (1 VISIT / HOUR)

p. Telephone Reassurance Daily "check up" calls to ensure general health and well-being of elder. Please identify computerized "Are You Okay" (RUOK) programs. (1 CALL)

q. Durable Medical Equipment Loan Provides previously used (or new) equipment—such as canes, walkers and wheelchairs—on a temporary basis to elders. COAs should recognize potential liability issues if the device is not properly fitted or is defective. (1 LOAN)

r. Employment service Locating, matching and/or providing assistance with employment needs (1 PLACEMENT); formal job training other than in-service programs (1 HOUR). Do not include Senior Aides.

s. Intergenerational Shared activities (direct contacts) with persons at least one generation removed from elders. For direct service/s, use HOURS of contact; for all other activities, e.g., classes, programs, etc. use NUMBER of CONTACTS. Please highlight program offerings.

t. Transportation Shopping, medical, other. "Non-ambulatory" refers to wheelchair lift users. "Ambulatory" means walks without assistance or uses a device such as a walker, cane or other aid exclusive of a wheelchair. (1 ONE-WAY TRIP)  
Note UNDER-60 ridership at "NE2."

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u. Minor home repair Residential safety or energy improvements. (1 HOUR)

v. Newsletter The total unduplicated count is not listed for this activity. (1 COPY)

y. Health Screening Screenings, e.g., blood pressure, glaucoma, hearing, stress, diabetes, cholesterol or other. (1 CONTACT) Use notes column to indicate # of sessions.

z. Other health services Flu shots, vial-of-life or other. (1 CONTACT)

aa. Fitness/exercise Walking club, dance/exercise. (1 CONTACT) Use notes column for # of sessions.

bb., cc. Congregate, Home delivered meals Box, shelf stable, frozen or special. (1 MEAL)

dd. Health education Attempts made through personal contact--forum, presentation or other format--to improve health status of audience or individuals.

gg. Recreation/socialization "Drop in," arts & crafts, cards, BINGO, recognition parties/events or celebrations, movies, outings, picnics, etc. (1 SESSION or PROGRAM)  
No unduplicated count.

hh. Cultural Live music, plays, choral groups, displays. (1 EVENT) Unduplicated count may be difficult to obtain.

ii. Community Education Programs of general community interest (not necessarily only seniors). May include pre-retirement planning, cultural programs, forums, etc. Note "Caring for Elders at Home" programs at line "g." Use notes column for # of programs; please highlight program offerings. (1 CONTACT)

General note/other. If you are uncertain as how to classify data, use the least ambiguous reporting category (or create one that you will use consistently). Use a brief explanatory note when you change categories or re-classify data from a previous year.



Please use any undesignated line to cite other services or list special activities, e.g., TRIAD meetings, grandparenting programs or others that might be “hidden” in another category. Other examples may include: computer training, intergenerational lawn/yard maintenance, weatherization/fuel assistance.

(Section IX. Self-explanatory)